

**Communicable Disease Epidemiology
and Immunization Section**

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Health Advisory: Ocular Syphilis in King County, 23 JAN 2015

Action requested:

- Healthcare providers should have a low threshold for syphilis testing of patients presenting with genital, oral or rectal ulcers; rash or visual complaints.
 - Ask patients presenting with genital, oral or rectal ulcers, rash or visual complaints if they have sex with men, women or both men and women.
- **Routinely ask patients with possible or diagnosed syphilis about changes in their vision or hearing (including hearing loss or tinnitus) in order to identify persons at high risk for complicated syphilis.**
 - **Patients with signs or symptoms consistent with syphilis and ocular complaints should be referred for immediate ophthalmologic evaluation.**
- All patients being evaluated for syphilis should be tested for HIV infection unless they have a prior HIV diagnosis.
- Initiate penicillin therapy in all patients in whom syphilis is suspected without waiting for laboratory confirmation of the diagnosis.
- In patients with ocular findings consistent with syphilis, therapy should be consistent with current recommendations for the treatment of CNS syphilis (i.e. penicillin G IV or procaine penicillin IM in conjunction with oral probenidol (CDC STD Treatment Guidelines are available at, <http://www.cdc.gov/std/treatment/2010/default.htm>).
- All patients with suspected complicated syphilis (neuro, otologic or ocular disease) should be offered lumbar puncture. A study of CSF abnormalities in persons with syphilis is ongoing at Harborview Medical Center. Patients can be referred for LP and possible study enrollment by calling (206) 540-1500.
- We recommend that patients thought to have CNS, ocular or otologic syphilis be managed in collaboration with Public Health physicians in the HIV/STD program or infectious disease specialists.
- **Immediately report** to Public Health all patients diagnosed with, or suspected to have, ocular syphilis. We are investigating all cases of ocular syphilis to better understand the recent increase in reported cases. As part of that investigation, we are collecting CSF, vitreous and serum specimens for *T. pallidum* typing from patients with untreated syphilis. **To report cases of ocular syphilis and/or arrange to send specimens to Public Health, call Rolf Pederson at (206) 744-4376.**

Background

Four cases of ocular syphilis have been diagnosed in King County residents since mid-December, 2014, and two additional cases have recently occurred elsewhere in WA. Syphilis is relatively common among men who have sex with men (MSM) in King County, particularly among HIV-infected MSM, in whom approximately 3% acquire syphilis each year. The cause for this cluster of cases of ocular syphilis is uncertain. Some evidence suggests that some strains of *Treponema pallidum*, the bacterium that causes syphilis, may be more likely to cause CNS disease. It is not known whether some strains of *T. pallidum* have a greater likelihood of causing ocular infections, but the current cluster of cases raises this concerning possibility.

Resources: Additional information about syphilis and recent cases occurring in our area can be found at: <http://www.kingcounty.gov/healthservices/health/communicable/hiv.aspx>